

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

9/29/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11		1				
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27		1				
28						
29						
30						
31						
32						
33		1				
34						
35	1					
36						
37						
38						
39						
40						
41						
42	1					
43		1				
44						
45	1					
46	1					
47			1			
48						
49	1					
50		1				
TOTAL IND.	7		11		11	
TOTAL DEP.	43	→	43	→	58	→
TOTAL CLAIMS	50				61	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS